



# Town of Wyoming

## New Construction Building Permit Application

(Includes projects requiring plumbing, electrical, HVAC to be installed or moved.

Examples: Additions, Detached Garage, Enclosed Porch, New Construction, Remodeling)

The undersigned applicant, as the owner, hereby makes an application in accordance with Ordinance #9-11 and all Amendments of the Town of Wyoming

**Please Note:** Allow 24 Business hours for Certificate of Occupancy to be issued. All permits must have final inspections from First State Inspection Agency, Inc & Camden Wyoming Sewer & Water Authority. If any additional fees apply they must also be paid in full before release of Certificate of Occupancy.

### PROPERTY INFORMATION:

Application Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Map # (PIDN): \_\_\_\_\_ Current Zoning: \_\_\_\_\_

Subdivision: \_\_\_\_\_ Lot Number: \_\_\_\_\_

### OWNER INFORMATION:

Owner Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: Office: \_\_\_\_\_ Cell: \_\_\_\_\_

### PROJECT INFORMATION:

Type of Project / Improvement: \_\_\_\_\_

Material Cost: \_\_\_\_\_ Labor Cost: \_\_\_\_\_ Total Cost of Project: \_\_\_\_\_

Are contractor and/or subcontractors being used? Yes No

*If YES, fill in Contractor information on next page*

Lot Area: \_\_\_\_\_ Building Area: \_\_\_\_\_ Parking Area: \_\_\_\_\_

Living Area: \_\_\_\_\_ Basement Area: \_\_\_\_\_ Garage Area: \_\_\_\_\_

Stories: \_\_\_\_\_ Bedrooms: \_\_\_\_\_ Full Bath: \_\_\_\_\_ Partial Bath: \_\_\_\_\_

Garages: \_\_\_\_\_ Windows: \_\_\_\_\_ Fireplace(s): \_\_\_\_\_ Elevators: \_\_\_\_\_

Street Frontage: \_\_\_\_\_ Height Above Grade: \_\_\_\_\_

Setbacks (ft.): Front: \_\_\_\_\_ Rear: \_\_\_\_\_ Left: \_\_\_\_\_ Right: \_\_\_\_\_

**CONTRACTOR INFORMATION:** (valid Town of Wyoming License required - reference Ordinance #10-07)

Contractor Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: Office: \_\_\_\_\_ Cell: \_\_\_\_\_

Contractor Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: Office: \_\_\_\_\_ Cell: \_\_\_\_\_

Contractor Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: Office: \_\_\_\_\_ Cell: \_\_\_\_\_

**ADDITIONAL INFORMATION:**

**FOR OFFICE USE ONLY**

Total Cost of Project: \_\_\_\_\_ Permit Fee: \_\_\_\_\_ Plan Review: \_\_\_\_\_ Inspection Fees: \_\_\_\_\_

CofO Fee: \_\_\_\_\_ Fire Company Fee: \_\_\_\_\_ Total Permit Cost: \_\_\_\_\_

Payment Method: \_\_\_\_\_ Date Payment Rcvd: \_\_\_\_\_ Rcvd by: \_\_\_\_\_

Permit #: \_\_\_\_\_ Date Issued: \_\_\_\_\_